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RESEARCH

Cenário atual da Enfermagem em Nefrologia do Recife e Região Metropolitana

Current scenario of Nephrology Nursing and Recife Metropolitan Region

Escenario Actual de Nefrología Enfermería y Región Metropolitana de Recife

Kelly Cristiane Rocha Lemos¹, Fábila Maria de Lima², Kheylla Santos Nascimento³, Marta Nunes Lira⁴

ABSTRACT

Objective: To identify how Nephrology has been developing within the Nursing, and the profile of nurses working in hemodialysis clinics in Recife and the Metropolitan Region. **Method:** cross-sectional study, exploratory quantitative approach, developed in 14 hemodialysis clinics. The sample consisted of 84 nurses. The data were collected through a questionnaire was completed. Data analysis was performed with SPSS version 13. Approved research protocol number 2151-11 and CAAE No. 0280.0.099.000-10. **Results:** nurses have specialist title in Nephrology (66.7%), and acquired on average 62.8 months after the start of the activity in the area. Achievements were reached by category, such as professional autonomy, recognition and respect for patients and society. **Conclusion:** non-specialized nurses are being admitted to hemodialysis services due to the lack of these professionals in the job market. **Descriptors:** Nursing care, Renal dialysis, Nephrology.

RESUMO

Objetivo: identificar como a Nefrologia vem se desenvolvendo dentro da Enfermagem, e o perfil dos enfermeiros que trabalham em clínicas de hemodiálise da cidade do Recife e Região Metropolitana. **Método:** estudo transversal, exploratório de abordagem quantitativa, desenvolvido em 14 clínicas de hemodiálise. A amostra foi composta por 84 enfermeiros. A coleta de dados ocorreu mediante preenchimento de questionário. A análise dos dados foi feita no software SPSS versão 13. Pesquisa aprovada sob protocolo nº 2151-11 e CAAE nº 0280.0.099.000-10. **Resultados:** os enfermeiros possuem título de especialização em Nefrologia (66,7%), e o adquiriu em média, 62,8 meses depois de iniciada a atividade na área. Conquistas foram alcançadas pela categoria, como a autonomia profissional, o reconhecimento e respeito pelos pacientes e pela sociedade. **Conclusão:** enfermeiros não especializados estão sendo admitidos nos serviços de hemodiálise, devido à carência destes profissionais no mercado de trabalho. **Descritores:** Cuidados de enfermagem, Diálise renal, Nefrologia.

RESUMEN

Objetivo: Determinar la forma en Nefrología se ha desarrollado dentro de la Enfermería, y el perfil de las enfermeras que trabajan en las clínicas de hemodiálisis en Recife y en la Región Metropolitana. **Método:** Estudio transversal, exploratorio enfoque cuantitativo, desarrollado en 14 centros de hemodiálisis. La muestra estuvo conformada por 84 enfermeras. Los datos fueron recolectados a través de un cuestionario se completó. El análisis de datos se realizó con el programa SPSS versión 13. Número de protocolo de investigación aprobado 2151-11 y CAAE No. 0280.0.099.000-10. **Resultados:** las enfermeras tienen título de especialista en Nefrología (66,7%), y adquirieron un promedio de 62,8 meses después del inicio de la actividad en el área. Los logros fueron alcanzados por categoría, tales como la autonomía profesional, el reconocimiento y el respeto de los pacientes y la sociedad. **Conclusión:** las enfermeras no especializadas están siendo admitidos en los servicios de hemodiálisis, debido a la falta de estos profesionales en el mercado laboral. **Descriptor:** Atención de enfermería, Diálisis renal, Nefrología.

Article compiled from the monograph "Activities conducted by nurses working in hemodialysis clinics in the Metropolitan Region of Recife-PE," presented the coordination of the Residency Program in Nursing at the Hospital das Clínicas, Federal University of Pernambuco / UFPE. Recife-PE, Brazil. 2011.

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INTRODUCTION

Kidneys are vital organs for the maintenance of health. There are various functions, one of which is the filtration of impurities, and when they get sick and can no longer perform this function, the accumulation of various toxins is allowed that harm the body, thus settling a kidney failure which can be acute (reversible) or chronic (irreversible).¹

Loss of renal function, either acutely or chronically, is life threatening and requires the removal of toxic degradation products of metabolism and the restoration of the volume and composition of body fluids to their normal values.² In this condition, the body becomes dependent on external aid to replace the renal function. The renal replacement therapies are classified as Hemodialysis, Continuous Ambulatory Peritoneal Dialysis, Automated Peritoneal Dialysis, Intermittent Peritoneal Dialysis and kidney transplantation.³

In 70 years, governments around the world began to cover the dialysis therapies for clients in acute or chronic phase, with an expansion of dialysis centers and a demand for trained personnel to serve this clientele. Such therapy, hitherto considered as an assignment of the physician became the responsibility of nurses, emerging as a new specialty within nursing.⁴

The first nurses who worked in the specialty were self-taught and acquired knowledge from day-to-day work in nephrology units and also performed internal courses for professional development, but none of those was enough to be considered a specialization course not even the officially recognized training courses by the competent bodies, COFEN / COREN⁴⁻⁵. However the need for qualified and experienced nurses in the field of Nephrology grew widely, primarily in dialysis centers, which sparked an interest in creating the specialty of Nephrology Nursing, so that one could meet the needs of the services as well as professional development which also came to be of great relevance for the entire class involved.⁵ Hence arose the first events providing debate and discussion on topics related to Nephrology.

On October 14, 1983, in Rio de Janeiro, the first Symposium in Nephrology Nursing was held, which brought together nearly 100 professionals; during this encounter the Brazilian Society of Nephrology Nursing (SOBEN), a scientific and cultural nonprofit organization made up of nurses and nursing technicians working in the field of Nephrology was founded.⁴

The mark of hemodialysis in Brazil was one of negative repercussions and had its depth in Caruaru in Pernambuco in 1996, when 80% of patients died by toxic hepatitis, an infection caused by microcystin bacteria transmitted through contaminated water during the course of treatment. The definitive diagnosis showed that water that was supplied from reservoirs in the region was contaminated by microcystin - LR, a toxin released by cyano-

bacteria identified in the charcoal filter used as a filter for water used in the Kidney Diseases Institute. The toxin was also found in the dialyzer through which blood is to be purified, in plasma and liver of affected patients.⁵⁻⁷

This event had repercussions on the national and international press becoming known as The Tragedy of Caruaru or The Tragedy Hemodialysis, a remarkable fact that would transform clinical practice in nephrology.⁵

Until then, there were no policies for dialysis services and inspections were not very demanding. It had been two years since the clinic Caruaru had received a visit from an inspector of the Department of Health and about a year that the quality of water used in dialysis machines had not been analyzed.⁵⁻⁸

After this accident this kind of treatment became better known by the general population and it was only then that the authorities began to give more support and demanded more of hemodialysis services.⁷

This fact has prompted discussions and changes that resulted in Ordinance 2042 of October 11, 1996, thus establishing technical regulations for the operation of renal replacement therapy services, as well as the development of standards for the registration of establishments offering the service with the Health System⁹⁻¹⁰.

One of the requirements of the Ordinance was the presence of a Technical Officer with training in dialysis nurse recognized by SOBEN and accountable for nursing procedures in each dialysis center. To meet this ordinance SOBEN has started periodically to conduct tests and evaluation of nursing knowledge in Nephrology for the purpose of accreditation and expertise to the Ministry of Health.⁴ From 2004, with the publication of the Board Resolution. - RDC 154, a specialization in Nephrology for all nurses working in dialysis services shall be required.^{9,11}

To obtain the title of specialist nurses marked the space that is theirs in dialysis centers, giving professional identity over an area of expertise in nursing. The role of the nurse in the renal clinic staff refers to management functions, care, education and research aimed at better quality care provided to the CRF patients under renal replacement therapy service. Therefore, in view of the performance of this role the importance of skills and knowledge that professionals in Nephrology Nursing must possess to maintain the quality of life of customers is evident.

Given the above, this study will help to identify how this area has developed within nursing as a scientific and social practice and the profile of nurses working in hemodialysis clinics in Recife and its metropolitan area.

METHOD

Cross-sectional, exploratory study with a quantitative approach, developed in 14 dialysis clinics that provide care for renal replacement therapy for Recife and Region

Metropolitan, which is the second largest urban agglomeration in the region in the Northeast and the sixth of Brazil. They were: Hospital das Clínicas, Instituto de Medicina Integral Prof. Fernando Figueira, Prontorim, Nefroclínica, Multirim, Real Hospital Português, Prorim, Hospital Maria Lucinda, Nefrocentro, Hospital Barão de Lucena, Hemonefro and Uninefro, which are located in the city of Recife. And the Centro de Terapia Renal Zona Sul and SOS Renal Services that are located in the cities of Jaboatão de Guararapes and Olinda respectively.

The population consisted of all nurses working in these hemodialysis clinics in the Metropolitan Region of Recife. The sample was characterized non-probabilistic intentional and consisted of 84 nurses, 08 were excluded because, 02 of them were on medical leave and 06 refused to participate.

We considered participants in the sample to be nurses performing their work activities during data collection in hemodialysis clinics selected for the study. Nurses that were enrolled in more than one clinic were considered only once. Nurses who during the collection period were on leave (medical, prize or gestational) were excluded from the sample.

The data was collected by filling out a questionnaire completed by the subject studied during a visit by a researcher. The collection period comprised from March to August 2011.

To analyze the data a data bank was created using a spreadsheet Microsoft Excel 2007 version. Data analysis was performed using SPSS software version 13. For qualitative variables specific frequencies and percentages of responses to the items were calculated. For quantitative variables, Average and standard deviation statistics were calculated. For comparison of proportions between levels of evaluated factors the Qui-square test for proportions was used. All findings considered the significance level of 5%.

This research was submitted for consideration of Nursing leadership and management of the 14 dialysis services and after its approval, forwarded to the Ethics Committee in Research of the Instituto de Medicina Integral Prof. Fernando Figueira - IMIP, according to Resolution 196/96 of the National Health Council; and was approved on January 19, 2011, under the IMIP protocol No. 2151-11 and CAAE No. 0280.0.099.000-10.

RESULTS AND DISCUSSION

84 nurses working in clinics and hemodialysis Recife Metropolitan Region - PE were evaluated. The distribution of nurses studied revealed the following profile (Table 01): average age 35 years, which demonstrates maturity and experience, key features for work in clinical hemodialysis. Regarding gender, there was a female predominance (89.3%; n = 75), at the expense of the male. Findings that reproduces the historical characteristic of nursing profession practiced almost exclusively by women since its inception. Although man

is inserting the profession, the data from this study also reveal the predominance of women in healthcare practice in particular, also in nephrology. With regard to marital status 51.2% reported being married. Early in the history of nursing in Brazil, unmarried women predominated, with social change and women's emancipation, women have been dividing their time between work and marriage. However, most do not have children (45.2%), which is due to the increasing participation of women in the labor market, prioritizing their career, being common to postpone motherhood to devote to work and courses of post-graduation.

Table 01 - Characteristics of nurses working in clinics
Hemodialysis and the Metropolitan Region of Recife.Recife / PE, 2011.

Age	n (%)	p-value ¹
Less than 30 years	24 (28.6)	<0.001
30 to 45	54 (64.3)	
Above 45 years	6 (7.1)	
Average ± standard deviation	35 ± 6.9	
Gender	n (%)	p-value ¹
Male	9 (10.7)	<0.001
Female	75 (89.3)	
Marital Status	n (%)	p-value ¹
Single	31 (36.9)	<0.001
Married	43 (51.2)	
Stable Union	7 (8.3)	
Widowed	2 (2.4)	
Divorced	1 (1.2)	
Number of children	n (%)	p-value ¹
0	38 (45.2)	<0.001
1	20 (23.8)	
2	25 (29.8)	
3	1 (1.2)	
Average ± standard deviation	1.0 ± 0.8	
Completion time of graduation	n (%)	p-value ¹
Less than three years	9 (10.7)	0,008
3 to 5 years	23 (27.4)	
6 to 10 years	21 (25.0)	
More than 10 years	31 (36.9)	
Average ± standard deviation	9.6 ± 6.9	

¹p-value of the chi-square test for proportions.

On average they are graduated for 9.6 years and operate on average in the area of nephrology for 107.5 months (Table 02), expressing being an indicative of length of experience of the nurse on the labor market and nursing care to the chronic kidney patient, making them more secure in their activities and thus offering quality care. Although the sample have shown a good time working in the field of nephrology, there is high turnover of nurses in clinical hemodialysis, where the majority (38.1%) is part of the service for less

than 24 months. According to Martins and colleagues in 2006, the proposed work, individual satisfaction, institutional involvement and stability gained became stimuli that are needed by the professional for continuing in the company.¹²

The nurses at the hemodialysis clinics in the Metropolitan Region of Recife have double shifts, having a second job outside the field of nephrology, especially in ICU and emergency departments, a fact which shows better ability to work with seriously ill patients. The salaries paid to the category are between R\$ 2,000 to R\$ 3,000. This salary range was statistically significant ($p < 0.001$), reflecting the low wages of nurses, a reason leading them to take other jobs, resulting in an overload of working hours. A social reality that reflects the socio-economic policy of our country, which requires changes to ensure better working conditions and better assisted clientele care. A low wage raises the degree of dissatisfaction of the professional with the profession, as was noticed in this study, where 64.3% of nephrology nurses are dissatisfied. And this is very worrying since satisfaction is a factor that can promote productivity and add value to the individual to keep them motivated.¹² As for workload, it was found to be 40 hours per week.

Table 02 - Characteristics of professional nurses working in hemodialysis clinics in the Metropolitan Region of Recife. Recife / PE, 2011.

Time working in Nephrology (in months)	n (%)	p-value ¹
24 months	14 (16.7)	<0.001
25 to 60 months	22 (26.2)	
Up to 60 months	48 (57.1)	
Average ± standard deviation	107.5 ± 83.0	
Operating time in service (in months)	n (%)	p-value ¹
24 months	32 (38.1)	0,472
25 to 60 months	29 (34.5)	
Up to 60 months	23 (27.4)	
Average ± standard deviation	64.5 ± 69.7	
Has another job	n (%)	p-value ¹
Yes	52 (61.9)	0,029
In the area of nephrology	21 (40.4)	
Outside of Nephrology	31 (59.6)	
No	32 (38.1)	
Salary in nephrology	n (%)	p-value ¹
Between R \$ 1,000 to R \$ 2,000	23 (27.4)	<0.001
Between R \$ 2,000 to R \$ 3,000	45 (53.6)	
More than R \$ 3,000	16 (19.0)	
Satisfied with salary	n (%)	p-value ¹
Yes	30 (35.7)	0,009
No	54 (64.3)	
Working hours (weekly)	n (%)	p-value ¹
12 hours	2 (2.4)	<0.001
24 hours	1 (1.2)	
30 hours	13 (15.5)	
40 hours	64 (76.2)	

Over 40 hours	4 (4.8)	
Reasons for acting in Nephrology	n (%)	p-value ¹
Opportunity to work in this area	41 (20.4)	
Good career for nurses	36 (17.9)	
Interest after a stage	34 (16.9)	
Area that nurses have autonomy	27 (13.4)	0.001
Area that has differentiated wage	27 (13.4)	
Growing field	24 (11.9)	
Others.	12 (6.0)	

¹p-value of the chi-square test for proportions.

Regarding specialization, it is observed in Table 03 that the majority of participants specialize in nephrology (66.7%). This fact is due to the requirement for nurses in dialysis centers be experts in nephrology, as to Board Resolution (DRC) No. 154 of June 15, 2004, which now require that nurses working in Nephrology had training and the formal accreditation, evidenced by a declaration / certificate recognized by SOBEN. In the case of a specialist title, it must be obtained through the title of specialization in Nephrology, recognized by the Ministry of Education and Culture (MEC) or SOBEN, by title examination, following the rules of the Federal Council of Nursing.¹¹ Similar results were found in a survey conducted in dialysis centers of Rio Grande do Sul, where 74.6% of nurses are specialists in Nephrology.¹³ The study looked for justifications for 14.3% of the sample of nurses who are not yet conducting specialization in nephrology, and here comes the following feature for most of these, they have two jobs, are single and childless. The issue of double shifts for 58.3% of them, it is believed to be the greatest presented difficulty.

When asked about how they acquired the title of specialist in Nephrology, 42.8% of the sample reported having done specialization, mostly in Recife (87.5%). The motivation for nurses seeking specialized courses in nephrology is to acquire specific knowledge that enables the dissemination of their experience, job autonomy, improving nursing care directed to clients bearing renal failure.⁴

Most nurses of dialysis clinics are specialists but do not have the title recognized by SOBEN, a fact confirmed by the study by a percentage of 66.7% of the sample.

Table 03 - Specialties of nurses working in clinics hemodialysis and the Metropolitan Region of Recife.Recife / PE, 2011.

Has the title of specialist in nephrology	n (%)	p-value ¹
Yes	56 (66.7)	
For less than 24 months	21 (37.5)	
25 to 60 months	11 (19.6)	
Up to 60 months	24 (42.9)	<0.001
Average ± standard deviation	64.7 ± 47.1	
No	12 (14.3)	
Is still performing specialization	16 (19.0)	
How acquired the title of specialist in Nephrology	n (%)	p-value ¹
Specialization in Nephrology	24 (42.8)	
In Recife	21 (87.5)	0,319
In Rio Grande do Sul	1 (4.2)	

<i>In São Paulo</i>	2 (8.3)	
Residency in Nephrology	16 (28.6)	
Hospital Barão de Lucena	6 (37.5)	
Hospital das Clinicas	6 (37.5)	
Hospital dos Servidores do Estado	4 (25.0)	
SOBEN exam	16 (28.6)	
Already held the rank of specialist when they began working in the field of nephrology	n (%)	p-value¹
Yes	12 (14.3)	<0.001
No	72 (85.7)	
<i>Acquired 24 months before</i>	16 (36.4)	
<i>Acquired between 25 and 60 months</i>	12 (27.3)	
<i>Above acquired 60 months</i>	16 (36.4)	
<i>Average ± standard deviation</i>	62.84 ± 48.6	
Has recognition as a specialist by SOBEN	n (%)	p-value¹
Yes	28 (33.3)	0,002
No	56 (66.7)	

¹p-value of the chi-square test for proportions.

Comparing the specialization of respondents and the recognition of the title by SOBEN it was noticed that 100% of the nurses who obtained the title by performing a SOBEN exam have their recognition. And from those that made residence only a few have sought this recognition, only 12% (Figure 01).

For this acknowledgment sending a certificate of a specialist course recognized by the MEC and / or COREN, master's or doctoral degree in Nephrology or a SOBEN exam after 05 years working in the field of Nephrology is required. With this recognition nurses strengthen Nephrology Nursing as a science and profession, because SOBEN is an institution of scientific, cultural and political goals and aims at the development of the Nephrology Nursing in Brazil.

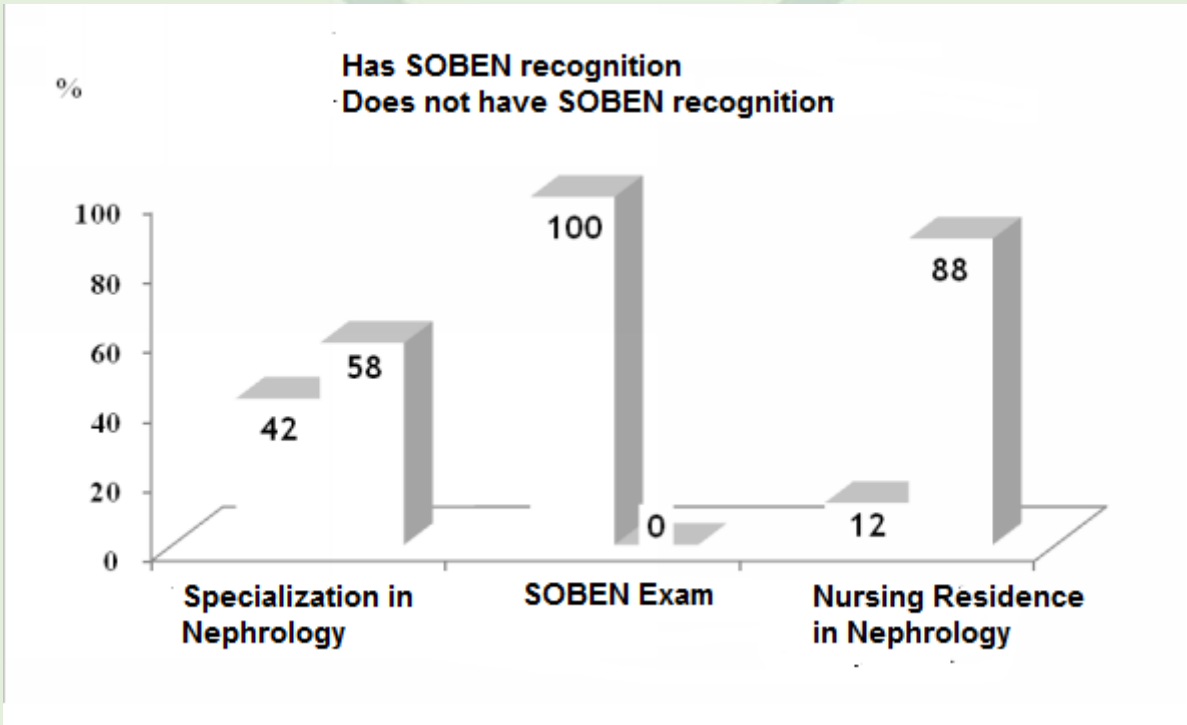


Figure 01 - Nurses who have the recognition of SOBEN second specialization in Nephrology. Recife / PE, 2011.

What occurs in practice is that nurses begin their activities in hemodialysis units still as generalists, as seen in this study when we asked if they already had the title of specialist when they started working in the field of nephrology (Table 03). 85.7% (p <0.001) had not, and only acquired an averaged 62.84 months after already worked in the area. This is not good, because the during their studies acquired knowledge is insufficient for adequate nursing performance in a specific area such as nephrology. It is also important to recognize that these data reveal non-compliance with the RDC 154 by nurses in Recife and the Metropolitan Region, to assist the patient without being a kidney specialist.¹¹ It suits hemodialysis clinics to revise admission criteria for nurses persuing the assistance of quality to CKD patients.

Another disturbing fact revealed by the study is that nurses are allocated at hemodialysis clinics by service need. A fact that was evidenced when we asked nurses what led them to act in Nephrology. Of the 84 nurses surveyed, 41 responded to act in Nephrology for having had the opportunity to work in this area. It is important to recognize that when making an allocation by service need, we run the risk of having inexperienced nurses in the area, not specialists in nephrology, with little or no experience and no qualifications to attend the CRF patients. Or, nurses are discouraged to qualify, since they do not arouse interest in Nephrology. What perhaps justifies the 14.3% of nurses observed in this study who do not have expertise in Nephrology. Operating in an industry that is not of their choice, affinity or preference may lead nurses to a passive conduct, assuming a position of escape in relation to direct patient care. The other reasons mentioned by the nurses to work in the area were a good career for nurses (17.9%) and interest after internship (16.9%). Hemodialysis Clinics in Recife and the Metropolitan Region constitute the training field for the various universities in the region, which favors the awakening in the area for nurses in the training process by stimulating the entry of these into specialization courses and residency in Nephrology.

Table 04 - Limitations of Nephrology Nursing and achievements of nurses to develop their activities in clinical hemodialysis and the Metropolitan Region of Recife. Recife, 2011.

Limitations of Nephrology Nursing	n	%
Extensive workload	26	31.0%
Excess assignments for nurses	14	16.7%
Salary incompatible with the workload	11	13,1%
Nursing very restricted area with little opportunity for employment	8	9.5%
Lack of incentive for scientific development	7	8.3%
Many patients per nurse hindering assistance	6	7.1%
Lack of recognition of the work of nursing the direction of dialysis clinics	5	6.0%
Little communication between the multidisciplinary team	3	3.6%
Lack of scientific knowledge of Nephrology by some nurses	2	2.4%
Lack of protocols established by clinical nurses to act in case of emergency	2	2.4%
Total	84	100%
Achievements of Nephrology Nursing	n	%
Professional autonomy	31	26.5%
No achievement	28	23.9%
Recognition and respect for patients and society	20	17.1%
Wage gap relative to other areas of nursing	8	6.8%
Scientific papers	7	6.0%
Performance with the multidisciplinary team	7	6.0%
More scientific domain	7	6.0%
Specializations and homes more affordable Nephrology	6	4.3%

Growth of the specialty	5	3.4%
Total	117	100%

In table 04 we have the constraints faced by nurses to develop their activities. The main limitation was that his extensive workload of 40 hours per week (31.0%, n = 26). The salary was also quoted, it is considered inconsistent with the workload exercised and excess duties of nurses in clinical hemodialysis. These assignments are of care, administrative, research and educational character. Similar results were found in a study of Ponta Grossa, realizing that 84.6% of nurses are dissatisfied with the salary for the following reasons: the salary does not meet personal and professional needs, is not suited to the reality and the value is incompatible for the assignments and workload.¹⁴

It was also cited by the nurses that the characteristics of Nephrology are as those of a restricted area. Unlike other specialties, Nephrology requires specific knowledge, which are not offered during the graduation of Nursing. Thus making it necessary to enter with previous experience in the area. The present study, however, goes against that statement of nurses because the data show that 85.7% of the sample started to work without being a specialist in Nephrology. Also strengthening this assertion is the fact that some nurses develop interest in the specialty after an internship in the area and also that the dialysis clinics are the practice field for graduate students and residents. Thus the hemodialysis clinics of Recife and Metropolitan Region do not show as closed fields, but offer opportunity for growth area for Nursing.

They also mention as limitation, the concern with the number of patients per nurse which hinders the assistance offered. Cordeiro and colleagues in 2009, also brings in his study this concern and states that there will only be a greater number of nurses to meet the demand of patients when nurses demonstrate through their behaviors and outcomes, the difference that qualified caring and individuality is quality of life for the patients with chronic renal failure as well as a possible reduction in the expenses for the company.¹⁵

The lack of communication within the multidisciplinary team was also remembered. For an effective process of care to chronic kidney disease patients, there must be a clear objective and interpersonal relationship with the entire multidisciplinary team, and the nurse is a key link in this process as he is in constant contact with the client.

It is evident that many positive changes have occurred with respect to dialysis and nursing work from the Ordinances and Resolutions of the Ministry of Health Services, as they were established as basic for the functioning of dialysis services criteria, which favored the organization of nursing assistance.⁶

Still in Table 04 we find the distribution of the gains acquired by nurses to develop their activities. For nurses in Recife and the metropolitan area the main achievement was the professional autonomy gained. Professional autonomy is directly related to the independence and freedom in taking forward the decision to the daily activities or, in the effectiveness of their work process.¹⁶ The nephrologist nurse gained autonomy and visibility through the mastery of scientific knowledge acquired by specializing and acting with expertise in dialysis centers. This showed that their presence is essential to the service organization and the role of nursing goes beyond the performance of technical procedures.

Another achievement was to have their work recognized and respected not only by patients but also by society. This recognition allows nurses to understand its importance as a citizen worker and note the value that their work has, thus going to experience feelings of satisfaction and pleasure.¹⁷ In research on feelings of pleasure-pain among nursing staff of a hemodialysis service of Rio Grande do Sul, in recognition of his work for the patients, the trust, the kindness and gratitude of patients and the support of managers has emerged as a category "the pleasure of professional development" and confirms the results of this study.¹⁸

The wage gap was also cited by nurses as one of the achievements of nephrology, although 64.3% of the sample was not satisfied with pay between R \$ 2,000 and R \$ 3,000, one can say that this value is above the minimum wage paid to nurses from Recife.

And finally, the conquest of the scientific field of Nephrology, acquired through specialization and more affordable residences that favor the production of scientific papers and the growth of the specialty.

CONCLUSION

The results of this study showed that the Nephrology Nursing in the Metropolitan Region of Recife is formed by experienced nurses, with expertise in the area and with over 30 years of age. It was found that the recommendation of the DRC 154 is not being fulfilled by hemodialysis clinics by hiring nurses without the title of specialist in Nephrology and that they acquire this on average five years after acting in the area. As a consequential fact of the lack of these professionals in the labor market and the not qualifying for the area by universities, it is up to the dialysis clinics to provide allocation and training of these professionals to meet the needs of the service.

Most nurses acquire the title through specializations held in Recife, but do not have the title recognized by SOBEN. Nurses are paid salary from R \$ 2,000 to R \$ 3,000, have two jobs 40 hours a week each and attribute this workload as the main constraint faced by the Nephrology Nursing. And the major achievements are scientific development, autonomy, recognition and respect.

From what was exposed and discussed in this study, it is noticed that there are still many challenges to nurses in Nephrology, but surely they will only be overcome with the presence of qualified professionals leading RRT services.

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